

CLAIMS ONLY							Application Number <div style="font-size: 1.5em; font-weight: bold;">10/623649</div>	Filing Date.		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
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Total Indep										
Total Depend										
Total Claims										

Application Number
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Filing Date.

Applicant(s)

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	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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